## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04-16-08</u>	Address:	<u>CR 1230 E NEAR CR 250 S</u>
Case #:	<u>14-37788</u>		KJRKLIN,IN
County:	CLINTON		
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location ( Residence Outbuilding	check all that apply)  Hotel/Motel  Open — No Structure
⊠ Dumps.	ite (only)	☐ Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply)   Lithium/Ammonia Reaction(s):   Red Phosphorous/Iodine Reaction(s):   Flammable Solvents:   Water Reactive Metal (Lithium):   Anhydrous Ammonia:   Hydrochloric Acid Gas Generator(s): OPEN FIELD   Corrosive Acid:   Corrosive Base:   Other (item and location):			
Child under age 18 discovered (check one)       Investigative Information         ☐ Yes (number present)       ☐ Ephedrine/Pseudoephedrine Tracking Lot         ☒ No       ☐ Retail/Merchant Tip         *If yes, fax report to Child Protective Services       ☒ Other: CITIZEN TIP         This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: KIRKLJN	Fax: <u>765-2</u>	
Health Dep	artment: CLINTON COUNTY	Fax: <u>765-6</u> Fax: <u>N/A</u>	<u>59-6387</u>
Child Prote	ction Service: N/A	2 We21 2 73 4 2	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: HOLEMAN, J.D. Phone 765-567-2125			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.